

Exhibit A
Booking Sheet of Michael Duff dated
November 23, 2005

GENEVA COUNTY JAIL

BOOKING SHEET

Probation Check YMRWarrant Book YMRDate 11-23-05 Time 5:00Name Duff Michael
(LAST) (FIRST) (MIDDLE)

Alias _____

Date of Arrest 11-23-05 Social Security No. 262-95-4581Race B Sex M Age 25 Eyes BRO Hair BLKHt. 6'2" Wt. 180 DOB 3-12-80 Photo A F.P. _____Address 542 S Broad St. SAMSON AL
(STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone _____ I.D. No. _____

NCIC Check _____

Next of Kin _____ Relationship _____

Address _____
(STREET) (APT.) (CITY) (STATE) (ZIP)Charge COCAINE SALE Bond 5,000.00 Charge _____ Bond _____Charge POSSESS COCAINE Bond 500.00 Charge _____ Bond _____

Charge _____ Bond _____ Charge _____ Bond _____

ARRESTING OFFICER Tony Helms
(PLEASE PRINT)

Signature _____

STATE COUNTY / HARTFORD / GENEVA / SAMSON / SLOCOMBBOOKING OFFICER W. M. [Signature]
(PLEASE PRINT)RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released _____

Date of Release _____ Time _____ Type of Release _____

Signature of Releasing Officer _____

P.O.E.
 OCCUPATION
 P.O.B. Sarasota FL.
 HOLD SAMSON

WARRANT # GJ #9
 WARRANT # _____
 WARRANT # _____
 WARRANT # _____

BOOKING SHEET

Inmate Name _____ Date _____ Time _____

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- | | |
|---|---|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> g. Alcoholism |
| <input type="checkbox"/> b. Heart Trouble | <input type="checkbox"/> h. Mental Illness |
| <input type="checkbox"/> c. Hypertension | <input type="checkbox"/> i. Venereal Disease |
| <input type="checkbox"/> d. Diabetes | <input type="checkbox"/> j. Tuberculosis |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer |
| <input type="checkbox"/> f. Drug Addiction | <input type="checkbox"/> l. Faintly of recent head injury |
| | <input type="checkbox"/> m. Hepatitis |

If any response was yes, please explain and give date of last treatment. _____

2. Are you allergic to anything? no If yes, what? _____

3. Have you ever been determined to be HIV positive? no If yes, when? _____

4. Are you currently taking any prescription medication? no If yes, what? _____

For what? _____

5. Does the inmate require a special diet prescribed by a physician? no If yes, what? _____

For what? _____

6. Do you have any other medical or mental problem we should know about? no If yes, what? _____

Exhibit B
Affidavit of Greg Ward

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

MICHAEL NEAL DUFF,

Plaintiff,

v.

GREG WARD, ET.AL,

Defendant.

)
)
)
)
)
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)
)
)
)

Civil Action No. 1:06-CV-00024-MHT-VPM

AFFIDAVIT OF GREG WARD

STATE OF ALABAMA

COUNTY OF GENEVA

)
)
)

1. My name is Greg Ward. I am over the age of nineteen and competent to make this affidavit.

2. I am the duly elected Sheriff for Geneva County, Alabama.

3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail.

4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

5. I have delegated the responsibility for overseeing the day-to-day operations of the Geneva County Jail to Carl Rowe, the Jail Administrator.

6. The first knowledge that I had of the Plaintiff's complaints and allegations was when I was served with this Court's Order to file a Special Report. At no time during his incarceration has the Plaintiff complained to me, either verbally or in writing, concerning any of the allegations raised in the Complaint. At no time during his incarceration have I received a

grievance from the Plaintiff, either verbally or in writing, concerning any of the allegations raised in the Complaint. To my knowledge, the Plaintiff never made any complaint to any employee at the Geneva County Jail regarding any of the allegations in his Complaint.

7. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


GREG WARD

SWORN TO and SUBSCRIBED before me this 5th day of February, 2006.

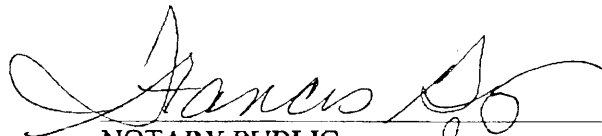

NOTARY PUBLIC
My Commission Expires: Sept 26th 2006

Exhibit C
Affidavit of Carl Rowe

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

MICHAEL NEAL DUFF,

Plaintiff,

v.

GREG WARD, ET.AL,

Defendant.

)
)
)
)
)
)
)
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)
)

Civil Action No. 1:06-CV-00024-MHT-VPM

AFFIDAVIT OF CARL ROWE

STATE OF ALABAMA

COUNTY OF GENEVA

)
)
)

1. My name is Carl Rowe. I am over the age of nineteen and competent to make this affidavit.

2. I am the Jail Administrator for the Geneva County Jail.

3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail.

4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

5. The Geneva County, Alabama Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

6. It is the policy of the Geneva County, Alabama Sheriff's Department that all inmates confined in the Geneva County Jail are entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner.

7. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Inmates are given forms by the jailers to write out their medical request. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment.

8. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an appointment for the inmate with an appropriate health care provider. Any doubt as to whether an actual need exists for medical

treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

9. If the Plaintiff had been in need of medical care or treatment, he would have received treatment in accordance with the policy and procedures of the Geneva County Jail.

10. Plaintiff has been incarcerated at the Geneva County Jail numerous times. During his previous incarcerations, Plaintiff has submitted 18 inmate request forms. However, none of them concern the allegations of his Complaint.

11. The Geneva County Jail is subject to routine maintenance and repairs on a regular basis by the custodian.

12. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be housed in humane and sanitary conditions. On a daily basis, inmates are given cleaning materials in order that they may sanitize the living areas of their cells, under the supervision of a member of the jail staff. Inmates are also given cleaning materials to clean their toilet and shower areas on a daily basis. In addition, at any time, an inmate may request cleaning materials, and such materials are routinely provided by members of the jail staff in response to such requests. Common areas of the jail, including hallways and catwalks, are cleaned by trusties every morning. The jail is regularly inspected for cleanliness by jail staff.

13. All inmates, including the Plaintiff, are always provided with a mattress and a blanket for sleeping in the event that the number of inmates exceeds the number of beds at the jail. Never has the Plaintiff had to sleep on the floor without a mattress and blanket. In fact, Plaintiff is assigned two mattresses to use stacked together. As soon as a bunk becomes

available in the cell block due to the release of an inmate, any inmate sleeping on mattresses on the floor may move to the bunk. There is no jail policy providing that mattresses must allow inmates to sleep 6 inches off of the floor.

14. Blankets are laundered between inmates. In the interim, they can also be laundered upon inmate request.

15. The Plaintiff has access to three toilets and three sinks 24-hours a day. He also has access to a shower 24-hours a day.

16. Often inmates will purposefully overflow the toilets by stopping the toilet up with objects such as razors or even a toilet brush and then repeatedly flushing the toilet. In such case, jail staff members will ensure that the toilets are fixed as soon as possible.

17. There has been a problem with water standing in the shower, as the shower drains slowly while it is being used. The Sheriff and I have had work done with regard to this issue, and are attempting to remedy the problem. However, while an inmate is showering, two inches of water, at the most, is standing in the shower.

18. Internal grievance procedures at the Geneva County Detention Facility are available to all inmates. It is the policy of the Geneva County Detention Facility that inmates are permitted to submit grievances and that each grievance will be acted upon accordingly. Inmates are given an inmate grievance form upon their request to complete and return to a detention center staff member for any grievance they may have. Inmates can request a form from a jailer at any time in order to record their grievance. These forms are collected by the jailers. If the jailer cannot adequately respond to the grievance, then it is given to me. It is further the policy and procedure of the Geneva County Detention Facility to place each such grievance in the inmate's file for a record of the same.

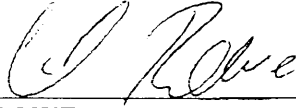
19. The form given to an inmate to make a medical request is the same form given to an inmate to submit a grievance. On the form there is a space for the inmate to check whether he or she is making a medical request, submitting a grievance, or submitting another type of request.

20. Upon my review of the Plaintiff's inmate file, Plaintiff has not filed a grievance in regards to the allegations made the basis of his Complaint. Had I received such a grievance, I would have followed procedures and responded to the grievance accordingly. Had the Plaintiff submitted such a grievance, it would have been placed in his inmate file.

21. The first knowledge that I had of the Plaintiff's complaints and allegations was when I was served with this Court's Order to file a Special Report. At no time during his incarceration has the Plaintiff complained to me, either verbally or in writing, concerning any of the allegations raised in the Complaint. At no time during his incarceration have I received a grievance from the Plaintiff, either verbally or in writing, concerning any of the allegations raised in the Complaint. To my knowledge, the Plaintiff never made any complaint to any employee at the Geneva County Jail regarding any of the allegations in his Complaint.

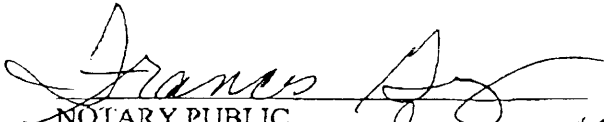
22. I certify and state that the documents from Plaintiff's Inmate File provided to the Court which are attached to the Defendants' Special Report are true and correct copies of these records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

23. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.



CARL ROWE

SWORN TO and **SUBSCRIBED** before me this 16th day of February, 2006.



NOTARY PUBLIC
My Commission Expires: Sep 26th 2006

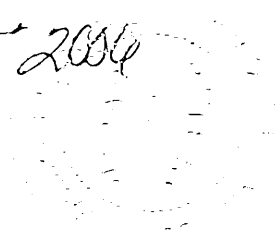


Exhibit D

Inmate Request Forms

Mon GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME *Jeffery* CELL DATE *4-5-99*

TIME

TELEPHONE CALL MEDICAL HEARING REQUEST GRIEVANCE

SHERIFF CHIEF JAILER VISIT PERSONAL PROBLEM *10*

NOTARY OTHER DENTAL

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR JAIL ADMINISTRATOR SHERIFF
 JAILER *John R. Ralston* DATE *3-30-99* TIME *2:53*
 SIGNATURE

TO BE PLACED IN INMATE FILE.

4-5-99 at 2:52

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME W. H. H. [unclear] CELL 144.446 DATE 4-5-79

TIME 1:00 pm

TELEPHONE CALL _____ MEDICAL ☒ HEARING REQUEST _____ GRIEVANCE _____

SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM _____

NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

When I get released, I have a hearing
session. I think I have a hearing scheduled

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR _____ SHERIFF _____

JAILER _____ DATE _____ TIME _____

SIGNATURE

TO BE PLACED IN INMATE FILE.

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Michael R. Hall CELL 102-54 DATE 8-14-99

TIME _____

TELEPHONE CALL _____ MEDICAL ☒ HEARING REQUEST _____ GRIEVANCE _____

SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM _____

NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

Kidney infection

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR _____ SHERIFF _____
JAILER [Signature] DATE 8-7-99 TIME 12:28
SIGNATURE

TO BE PLACED IN INMATE FILE.

8-16-99-

3:00-

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Michael Huff CELL 1 DATE 2-2-99
 TIME _____
 TELEPHONE CALL _____ MEDICAL ✓ HEARING REQUEST _____ GRIEVANCE _____
 SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM _____
 NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

I need to go to the doctor. I have
a tooth, in back that for some
reason.

That's all

Michael Huff

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR _____ SHERIFF _____
 JAILER John Palmer DATE 2-1-99 TIME 8:00
 SIGNATURE

TO BE PLACED IN INMATE FILE.

2:10-21-99

627-940E

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Michael N. Duff CELL Right DATE 3-5-94
 TIME 9:39 AM

TELEPHONE CALL _____ MEDICAL ☒ HEARING REQUEST _____ GRIEVANCE _____
 SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM ☒
 NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

I HAVE BEEN BURNED FROM MY PANTS THE
PASS WEEK I NEED TO SEE THE DOCTOR.
Respectfully yours
IN PAIN.
Michael N. Duff

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR _____ SHERIFF _____

JAILER _____ DATE _____ TIME _____
 SIGNATURE

TO BE PLACED IN INMATE FILE.

Today?

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Phillip [unclear] CELL 100-100 DATE 3-22-99TIME 1:00TELEPHONE CALL _____ MEDICAL / HEARING REQUEST _____ GRIEVANCE _____SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM /

NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

When I was in the hospital I had a heart attack
and the doctor said I was not doing like I should
from

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

 SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR _____ SHERIFF _____
 JAILER [Signature] DATE 3-22-99 TIME 8:00
 SIGNATURE

TO BE PLACED IN INMATE FILE.

Appt. 3:00 - 3:22 99

INMATE REQUEST FORM

2nd Request

Name: Michael Duff Cell: 115 Date: Feb 7 00 Time: 12:10

Telephone Call ☐ Medical ☒ Hearing Request ☐ Grievance ☐ Sheriff ☐
 Chief Jailer ☐ Special Visit ☐ Personal Problem ☐ Notary ☐ Trusty ☐
 Other ☐ _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

I need to go to Doctor. I think
I may have a tape I want to file
case of a doctor I have a tape problem
that's all
Michael Duff

DO NOT WRITE BELOW THIS LINE, FOR REPLY ONLY

Appt at 3:30 - on 2/7/00

All requests will be routed through the jail shift supervisor then forwarded to those the request is directed to.

Shift Supervisor ☐ Captain ☐ Major ☐ Sheriff ☒
 Jailer: John Runkle Date: 2-8-00 Time: 8:15

Copies to:
 Inmate
 Inmate file
 Chief Jailer
 Disciplinary Hearing Board

INMATE REQUEST FORM

Name: Michael Duff Cell: L15 Date: Feb 7 Time: 8:30 AM

Telephone Call ☐ Medical ☒ Hearing Request ☐ Grievance ☐ Sheriff ☐
 Chief Jailer ☐ Special Visit ☐ Personal Problem ☐ Notary ☐ Trusty ☐
 Other ☒ Dentist

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

My flying tooth ache I need to see a
dentist
Thank you Michael Duff

DO NOT WRITE BELOW THIS LINE, FOR REPLY ONLY

Appt. 2-14-00 - at 10:30 AM - DR. PARRISH

All requests will be routed through the jail shift supervisor then forwarded to those the request is directed to.

Shift Supervisor ☐ Captain ☐ Major ☐ Sheriff ☐
 Jailer: John Palmer Date: 2-7-00 Time: 9:30

Copies to: Inmate
 Inmate file
 Chief Jailer
 Disciplinary Hearing Board

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Michael J. Smith CELL 12 DATE 12-28-01
TIME _____
TELEPHONE CALL _____ MEDICAL _____ HEARING REQUEST _____ GRIEVANCE _____
SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM _____
NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR / SHERIFF _____

JAILER [Signature] DATE 12-28-01 TIME 1:30 PM
SIGNATURE

TO BE PLACED IN INMATE FILE.

Noted Smith PD 12-28-01
1015
64 H. Wash

INMATE REQUEST FORM

Name: Tommaso, Jeff Cell: B-5-54 Date: 5-16-02 Time: 12:30

Telephone Call ☐ Medical ☒ Hearing Request ☐ Grievance ☐ Sheriff ☐
 Chief Jailer ☐ Special Visit ☐ Personal Problem ☐ Notary ☐ Trusty ☐
 Other ☐ _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

I have written. I need to go to
the Prob. Hearing.

DO NOT WRITE BELOW THIS LINE, FOR REPLY ONLY

All requests will be routed through the jail shift supervisor then forwarded to those the request is directed to.

Shift Supervisor ☐ Captain ☐ Major ☐ Sheriff ☐Jailer: RAMON PEDRO BRUNER Date: 5-16-02 Time: 2:37

Copies to: Inmate
Inmate file
Chief Jailer
Disciplinary Hearing Board

TOMASO OR FRIDAY

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME [Signature] CELL Right DATE 10-27-01

TIME

TELEPHONE CALL MEDICAL HEARING REQUEST GRIEVANCE

SHERIFF CHIEF JAILER VISIT PERSONAL PROBLEM

NOTARY OTHER SAMSON DENTAL

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

Absoest wisdom tooth Right side.

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR JAIL ADMINISTRATOR SHERIFF

JAILER [Signature] DATE 10-27-01 TIME 3:00pm

SIGNATURE

10-27-01 TO BE PLACED IN INMATE FILE.

(2:58pm) Jim (Dispatcher) Advise he would talk Traci
Wise. She Called and advised they would take
him but he would have to pay for it. [Signature]

Sam

INMATE REQUEST FORM

Name: _____ Cell: _____ Date: _____ Time: _____

Telephone Call ☐ Medical ☐ Hearing Request ☐ Grievance ☐ Sheriff ☐
Chief Jailer ☐ Special Visit ☐ Personal Problem ☐ Notary ☐ Trusty ☐
Other ☐ _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

DO NOT WRITE BELOW THIS LINE FOR REPLY ONLY

Billied Sam & Togethe Will Get
DA Not

All requests will be routed through the jail shift supervisor then forwarded to those the request is directed to.

Shift Supervisor ☐ Captain ☐ Major ☐ Sheriff ☐
Jailer: Jack Kunkin Date: 2-19-01 Time: 1:10

Copies to: Inmate
Inmate file
Chief Jailer
Disciplinary Hearing Board

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Michael Samson CILL _____ DATE _____

TIME 12:00 PM

TELEPHONE CALL _____ MEDICAL _____ HEARING REQUEST _____ GRIEVANCE _____

SHERIFF _____ CHIEF JAILER _____ VISIT _____ PERSONAL PROBLEM _____

NOTARY _____ OTHER _____ DENTAL _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

My request is for a hearing
on my bond. I have been in jail
for 30 days and I need to see a
judge to get my bond reduced.

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR _____ JAIL ADMINISTRATOR _____ SHERIFF _____

JAILER J. A. Miller DATE 10-30-01 TIME 6:50 PM
SIGNATURE

TO BE PLACED IN INMATE FILE.

DX SAMSON they Advised Again that he would
have to pay.

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME [Signature] CELL DATE
TIME
TELEPHONE CALL MEDICAL HEARING REQUEST GRIEVANCE
SHERIFF CHIEF JAILER VISIT PERSONAL PROBLEM
NOTARY OTHER DENTAL

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

[Handwritten request text, mostly illegible]

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR JAIL ADMINISTRATOR SHERIFF
JAILER [Signature] DATE 2-20-06 TIME 8:15
SIGNATURE

TO BE PLACED IN INMATE FILE.

Call Tracy Wise she would work on getting out ASAP. She also said he would be back to the CO - Jack Arline

57

SAMSON

INMATE REQUEST FORM

Name: [Signature] Call: _____ Date: _____ Time: 8:15

Telephone Call ☐ Medical ☒ Hearing Request ☐ Grievance ☐ Sheriff ☐
 Chief Jailer ☐ Special Visit ☐ Personal Problem ☐ Notary ☐ Trusty ☐
 Other ☐ _____

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER

[Faint handwritten text]
[Faint handwritten text]
[Faint handwritten text]
[Faint handwritten text]
[Faint handwritten text]
[Faint handwritten text]

DO NOT WRITE BELOW THIS LINE, FOR REPLY ONLY

8:15 Call ed SAMSON - TO [Signature]
SAMSON will work on it

All requests will be routed through the jail shift supervisor then forwarded to those the request is directed to.

Shift Supervisor ☒ Captain ☐ Major ☐ Sheriff ☐
 Jailer: [Signature] Date: 2-28-01 Time: 8:15

Copies to: Inmate
Inmate file
Chief Jailer
Disciplinary Hearing Board

GENEVA COUNTY JAIL

INMATE REQUEST FORM

NAME Shirley J. [unclear] CELL 11 DATE 2-27-02TELEPHONE CALL _____ MEDICAL _____ DENTAL ☒ HEARING REQUEST _____

GRIEVANCE _____ VISIT _____ PERSONAL PROBLEM _____ OTHER _____

SHERIFF _____ JAIL ADMINISTRATOR _____ JUDGE _____ NOTARY _____

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER.

I need to go to the dentist
 dentist has a abscess in the
 tooth it's getting infected

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER / MATRON.

JAILER _____ MATRON _____ JAIL ADMINISTRATOR _____ SHERIFF _____

JAILER _____ DATE _____ TIME _____

SIGNATURE

TO BE PLACED IN INMATE'S FILE.

2-27-02 AT 1:00 PM

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME _____ CELL _____ DATE _____

TELEPHONE CALL _____ MEDICAL _____ DENTAL _____ HEARING REQUEST _____

GRIEVANCE _____ VISIT _____ PERSONAL PROBLEM _____ OTHER _____

SHERIFF _____ JAIL ADMINISTRATOR _____ JUDGE _____ NOTARY _____

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER.

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER / MATRON

JAILER _____ MATRON _____ JAIL ADMINISTRATOR / SHERIFF _____

JAILER [Signature] DATE 1-7-02 TIME 2:06 PM
SIGNATURE

TO BE PLACED IN INMATE'S FILE.

Noted Sharon P.D. - [Signature] 1-7-02
2:08 PM

[Signature]
